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Urgent

Confidential

Date: March 17, 2005

To: Examiner: Dominic D. Saltarelli
USPTO Fax: (703) 872-9306 Art Unit: 2611

From: Joni D. Stutman-Horn Fax: 703-633-3303 M/S:

Subject: Method and Apparatus For Determining Scope of Content Domain
Application No.: 09/675,823; Inventor: David A. Wyatt, et al.
Filed: September 29, 2000 Docket No. P9904

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Serita Evans

Date: 3/17/05



Included in this transmission:
Fax Cover Sheet (1 page)
Transmittal Form (1 page)
Fee Transmittal Sheet 2005 (1 page, submitted in duplicate)
Amendment and Response (18 pages)

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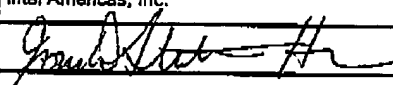
PTO/SB/21 (09-04)

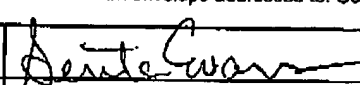
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/876,823	
	Filing Date	September 29, 2000	
	First Named Inventor	David A. Wyatt	
	Art Unit	2611	
	Examiner Name	Dominic D. Saltarelli	
Total Number of Pages in This Submission	22	Attorney Docket Number	P9904

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Intel Americas, Inc.		
Signature			
Printed name	Joni D. Slutman-Horn, Reg. No. 42,173		
Date	3/12/05	Reg. No.	42,173

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Signature			
Typed or printed name	Serita Evans	Date	3/17/05

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Effective on 12/09/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 800.00

Complete if Known

Application Number	09/675,823
Filing Date	September 29, 2000
First Named Inventor	David A. Wyatt
Examiner Name	Dominic D. Saltarelli
Art Unit	2611
Attorney Docket No.	P9904

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature 	Registration No. (Attorney/Agent) 42,173	Telephone 703-633-6845
Name (Print/Type) Joni D. Stutman-Horn		Date 3/17/05

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09/675,823
Atty Docket: P9904

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MAR 17 2005

In re Patent Application of:

David Wyatt, et al.

Application No.: 09/675,823

Docket No.: P9904

Filed: Sep. 29, 2000

Examiner: Dominic D. Saltarelli

Art Unit: 2611

VIA FAX (703) 872-9306

For: **METHOD AND APPARATUS FOR
DETERMINING SCOPE OF CONTENT DOMAIN**

AMENDMENT AND RESPONSE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed on Dec. 17, 2004, please reconsider the pending claims based on the following amendment.

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By: <u><i>Scelia Evans</i></u> Scelia Evans	Date: <u>3/17/05</u>